DISCLOSURE SUMMARY PAGE

	For Office Use Only	
COMMITTEE NAME (Must be same as on Statement of Organization)	Comm. #	
Nieland for Mayor	Indexed	
· _	Audited	
IMPORTANT: Indicate type of committee you are reporting for:	Computer	
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee		
(8)Support State of Candidates		
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED	
Penalties Due For Late Filed Reports Range from	n \$10 to \$400	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE	· c .	
	$\overline{}$	
I AM FILING A 10/30/63 REPORT FOR AN/A (1) ELE (report date)	ECTION /(2)NON-ELECTION YEAR.	
□CHECK IF AMENDMENT TO REPORT DATED	Local Committees, enter Date of Election	n
		i
	County & Local Committees, enter Cour which Election is held	nty in
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total		
of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)		<u> </u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	1482.0	
Schedule A: Cash Contributions total (Attach Schedule A)	1482.0	0
Schedule C: Fund-raising Events total (Attach Schedule C)		
Schedule F: Loans Received total (Attach Schedule F)	500.0	صد
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTA	TAL\$ 2/04	82
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	<u> </u>	
Schedule B: Expenditures total (Attach Schedule B)	14 /a.	64
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must	·	, _P
be zero) (Attach DR-3)	\$7/2,	18
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
I KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		0
CANDIDATE COMMITTEES ONLY:	-	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YESN	0
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	

FORM DR-2

(Rev. 02/96)

DISCLOSURE

REPORT

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	Reset Form	FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 07/2003)	REPORT
Nieland for mayor		For Office Use O	nly
IMPORTANT: Indicate type of committee you are reporting for:		Comm. #	
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Loc	al Candidate	Logged in	
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support Slate of Candidates	iee	i	
CANDIDATE COMMITTEES ONLY:		1	
Candidate Name Political Pa	rty		
NOV 7			
Office Sought 2 3 Dispose (if S	enate or House)		
$\int G_{2} \cdot f$ $\int G_{2} \cdot f$	2 2 2 2 2	40 -	2. 0.3
Elace Jaren (319)	7-377-368 LEPHONE	DATE	30-03
SIGNATURE OF TREASURER (or person filing this report) TE	LEPHONE	DAIL	SIGNED
Late filed reports are subject to possible	ecivil and crimina	i penalties.	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOW	ING SENTENCE:		
I AM FILING A 10/3 0/03 REPORT F		N /(2)NON-ELEC	CTION YEAR.
(report date)			
Indicate one /	Logal	Committees, enter	Date of Election
CHECK IF AMENDMENT TO REPORT DATED 10/30/03		11-04-1	_
	/ Count	y & Local Committe	ees, enter County in
Check if this is final (termination) report and attach Notice of Dissolution (You must continue to file reports until a Notice of Dissolution is file	Form DK-3.	Election is held	inn
STATEMENT OF CASH	1 ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total by the committee. This amount MUST be the same as the cash of of the last reporting period, or must be zero if this is first report filed.)	n hand at the end	\$	102,82
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedule A) (*also s	see in-kind below)		82.00
Schedule F: Loans Received total (Attach Schedule F)		<u> 5</u>	00.00
Schedule H: Total Sales of Campaign Property (Attach Schedule	H)		
(Schedule H applies to Candidates' Committees Only	1		
	SUB-TOTAL	ــ\$\$	184.82
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (**also see de	ebts and loans below)		412.64
Schedule F: Loan Repayments total (Attach Schedule F)		··	
CASH ON HAND at the end of this reporting period (if final report, balance			
be zero) (Attach DR-3)		\$	772.18
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)			
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		/ .	A A () (V)
•		\$	000.00
CANDIDATE COMMITTEES ONLY:			000:00

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization) NAME AND ADDRESS TO WHOM PURPOSE AMOUNT CANDIDATE ID NUMBER **EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED** DATE **EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# State of Iowa 10/14/03 schoone Bil I owa Ethic & Campaign A S.4 & LULYST, STE 10X CK# 20.W Des Moines IA 50309-ID# John Wieland 10/14/03 used his personal chech 1390-48957 CK# Marion TA 52302 100.00 Marion Times 808-60 St. 10/17/03 CK# 100.00 Marion IA S230 2 ID# CK# 1100.00 ID# office Max Cartridge for printer, 10/20/03 327 Collins RO.NE Thankyou paper" + CK# 55.64 Cedar Rap. 45 IA Sayoz marion Pact Office ID# 10/22/03 CK# 37.00 52302-9998 ID# CK# ID# CK# SUB-TOTAL

THIS BOX APPLIE	S TO CANDIDATES'	COMMITTEES ONLY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

	í		1	•
Page .		. of		

TOTAL (if last page of this schedule)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
(including candidate's personal lands)	CHE	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMEI	NDING FORM
Nieland for Mayor		

SCHEDULE

MONETARY

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
10/9/03	ID# CK#	Walt Cram 436 11th Street Marion, IA 52302		\$25.00	
10/2/03	ID# CK#	Harold A. Barnes 459 6th Avenue Marion, IA 52302		\$50.00	
10/8/03	ID# CK#	Ruth Munger 1768 Hawthorn Lane N.E. Solon, IA 52333		\$50.00	
10/8/03	ID# CK#	Marlys Knott 1102 31st Street Marion, IA 52302		\$25.00	
10/9/03	ID# CK#	Arvind Dandekar 2731 28th Avenue Marion, IA 52302		\$250.00	
10/9/03	ID#	Stephen J. Kepros 2340 8th Avenue Marion, IA 52302		\$30.00	
10/9/03	ID#	Ronald J. Reed 3125 English Glen Court #1 Marion, IA 52302		\$30.00	
10/9/03	ID#	Robert & Shirley Becker 2405 Grand Avenue Marion, IA 52302		\$50.00	
10/10/03	ID#	Irvin L. Anderson 2800 2nd Avenue Marion, IA 52302		\$50.00	
10/10/03	ID# CK#	Michael J. Cira 5477 Cimarron Court Marion, IA 52302		\$50.00	
			SUB-TOTAL	610.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 2 (for Schedule A)

TOTAL (if last page of this schedule)

For Instructions, See Back of Form

Reset Form

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(including candidate a personal rands)	<u> </u>
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF
Nieland for Mayor	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	VIF FOR FUND- RAISER
	NUMBER ID#				INCOME
10/11/03	CK#	Thomas J. Lammers 2820 2nd Avenue Marion, IA 52302		\$100.00	
	ID#				}
10/14/03	CK#	Jim Dyer 5020 Mohawk Avenue Marion, IA 52302		\$99.00	
	ID#				
10/7/03	CK#	Penny Kruetzer 755 S. 13th Street Marion, IA 52302		\$20.00	
	ID#				<u> </u>
10/14/03	CK#	Curt Hames P.O. Box 217 Marion, IA 52302		\$99.00	
	ID#				
10/14/03	CK#	Marvin Brown 3225 6th Street Marion, IA 52302	1	\$100.00	
	ID#				
10/14/03	CK#	James Brown 1615 Hillcrest Court Marion, IA 52302		\$100.00	
***	ID#				
10/14/03	CK#	Barbara Hames P.O. Box 217 Marion, IA 52302		\$99.00	
	ID#	_			
0/10/03	CK#	James A. Sattler 4359 Pioneer Trail S.E. Cedar Rapids, IA 52403		\$200.00	
10/20/03	ID#	Mary J. Klingley			
11/20/15	CK#	Mary J. Klingler. 1180 Elm ST. Marion, TA 5230= August Kras 1822 brantwood Dr Towa City, TA 52240		لون. ک <u>ی</u>	
	ID#	1 /VIANCON, +17 Ja 30 Z		\$3.00	
10/20/63	"	August Kras			
	CK#	IOWA CITY IA STAYO		30.00	
			SUB-TOTAL	27 \ 10	

TOTAL (if last page of this schedule)

Page 2 of 2 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

COMMITTEE NAME(Must be same as on Statement of Organization)

Nie	cland for Mayor						REPAID
NOTE: This so	chedule reports money loaned to the committee v	<u>س</u>		count.		☐ CHECK THI AMENDING	
PART I - MON (Orig	NETARY LOANS RECEIVED THIS REPORTING ginal source of loan, such as a bank, must be should be should be such as a bank, must be should be	G PERIOD own if a third party is			DNETARY LOAN REPAYMENTS MADE THIS ans forgiven must be reported on Schedule E	_	
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE ⁴ (If Applicable)	AMOUNT REPAID
10/14/03	John Nieland 1390-48957 Marion, tA 52302	Self	\$ 5 00				\$
					•		
	TOTAL (PART I)	\$ <u>5 00</u>	<u> </u>		TOTAL CASH REPAYMENTS (PAI	RT II) \$	
				i	From Schedule F TOTAL LOANS FORGIVE	EN \$	
			·	TOTAL OL	JTSTANDING LOANS END OF REPORT PE	RIOD \$/	000.00
making a control consanguinity packet.) If sur	w requires candidate committees to disclose the ribution to the committee. Relationship must be s (blood relatives) and affinity (relatives by marriag name of contributor is the same as candidate, bunter "not applicable" in the relationship column where "not applicable" in the relationship colum	shown to the third de e). (See Page 2 of f It there is no familial	gree of forms		Page		

SCHEDULE

(for Schedule F)

LOANS